

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jeffery S. Mumm :
Serial No.: 10/799,372 : Art Unit: 1632
Filed: March 12, 2004 : Examiner: Bertoglio, Valarie E.
For: TARGETED AND REGIONAL :
CELLULAR ABLATION IN :
ZEBRAFISH :

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
 1. Amendment Transmittal with three month extension of time (3 pages)
 2. Amendment After Final Rejection (34 pages)

STATUS

2. Applicant
☒ claims small entity status.
☐ is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.
(complete (a) or (b), as applicable)

- (a) X Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<u> </u> first month	\$ 120.00	\$ 60.00
<u> </u> second month	\$ 460.00	\$ 230.00
<u> X </u> third month	\$1,050.00	\$ 525.00
<u> </u> fourth month	\$1,640.00	\$ 820.00

_____ fifth month \$2,230.00 \$1,115.00

Fee: \$ 525.00

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____

OR

- (b) _____ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMDT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
		MINUS		=	x \$25.00 = \$		x \$50.00 = \$
TOTAL INDEP.		MINUS		=	x \$100.00 = \$		x \$200.00 = \$
_____	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$180.00 = \$		+ \$360.00 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$ _____

FEE PAYMENT

5. Attached is a check in the sum of \$_____

- ☒ Charge Deposit Account No. 01-2384 the sum of **\$525.00**.

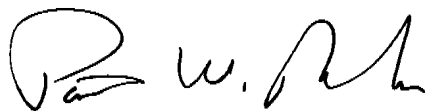
FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. ☐ Other:



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